INFORMATION NOTICE

AUGUST 9, 2006

TO: ALL UNIFORMED MEMBERS

SUBJECT: QUICK LAUNCH UPDATE

THE GOAL OF THE QUICK LAUNCH PROGRAM IS TO CREATE FASTER LAFD/PATIENT INTERVENTION TIMES FOR MEDICAL EMERGENCIES.

THE RATIONAL FOR THE IMPLMENTATION OF THE QUICK LAUNCH PROGRAM IS BASED UPON THE CONCEPT THAT FASTER PATIENT INTERVENTION INCREASES THE LIKLIHOOD OF A SUCCESSFUL PATIENT OUTCOME.

TO DATE, OCD HAS COMPLETED FOUR PHASES OF THE QUICK LAUNCH PROGRAM.

WE ARE CURRENTLY WITHIN PHASE V, WHICH IS THE EVALUATION OF THE DATA COLLECTED DURING THE PREVIOUS FOUR PHASES.

THE END PRODUCT OF THE ANALYSIS IS THE DEVELOPMENT OF A DISPATCH PROTOCAL BASED UPON THE PROBABILITY OF CERTAIN RESOURCES ACHIEVING SUCCESSFUL OUTCOMES BASED UPON SPECIFIC INCIDENT TYPES.

FOR EXAMPLE, DATA HAS SHOWN THAT BLS RESOURCES HANDLE THE VAST MAJORITY OF ASSAULTS. WHILE ALL CHEST PAIN INCIDENT TYPES REQUIRE AN ALS RESOURCE. THEREFORE, ALGORITHM 17 (WHICH IS CLOSEST EMT-RA, E, AE, PE, PA, T) WILL BE DISPATCHED TO ASSAULTS. WHILE ALGORITHM 18 (WHICH IS CLOSEST PA/AE/PE/E/T/EMT-RA) WOULD BE DISPATCHED TO ALL CHEST PAIN INCIDENTS.

IN THE NEAR FUTURE, THE NEW QUICK LAUNCH DISPATCH PROTOCOLS WILL BE FINALIZED. IT IS ANTICIPATED THAT THE NEW DISPATCH PROTOCOLS WILL RESULT IN THE PREVENTION OF TRIPLE DISPATCHES, (I.E.: E, EMT-RA AND PA).

IN THE INTERIM, MEMBERS ARE TO REFRAIN FROM CANCELLING RESOURCES UNTIL AN INITIAL RESOURCE ARRIVES ONSCENE AND IS ABLE TO MAKE THE DETERMINATION THAT THE ADDITONAL RESPONDING RESOURCES ARE NOT NEEDED.

THE DEPARTMENT RECOGNIZES THE ADDITIONAL WORKLOAD CREATED BY THE QUICK LAUNCH PHASES AND ACKNOWLEDGES THE EXTRA EFFORT OUR MEMBERS HAVE PUT FORTH.

A MORE IN DEPTH QUICK LAUNCH UPDATE IS FORTHCOMING.

ADMINISTRATION

SEPTEMBER 8, 2006

SPECIAL NOTICE

SUBJECT: **QUICK LAUNCH UPDATE (REVISED)**

THE GOAL OF THE QUICK LAUNCH PROGRAM IS TO CREATE FASTER LAFD/PATIENT INTERVENTION TIMES FOR MEDICAL EMERGENCIES.

THE RATIONALE FOR THE IMPLEMENTATION OF THE QUICK LAUNCH PROGRAM IS BASED UPON THE CONCEPT THAT FASTER PATIENT INTERVENTION INCREASES THE LIKELIHOOD OF A SUCCESSFUL PATIENT OUTCOME.

TO DATE, OCD HAS COMPLETED FOUR PHASES OF THE QUICK LAUNCH PROGRAM.

PHASE I   QUICK LAUNCH PROJECT GOALS
PHASE II   ITA PROGRAMMING
PHASE III   TRIAL PROGRAM
PHASE IV   QUICK LAUNCH PROGRAM EVALUATION

IN THE NEAR FUTURE, THE NEW QUICK LAUNCH DISPATCH PROTOCOLS WILL BE FINALIZED. IT IS ANTICIPATED THAT THE NEW DISPATCH PROTOCOLS WILL RESULT IN MINIMIZING THE NUMBER OF TRIPLE DISPATCHES (I.E., E, EMT-RA AND PA).

IN THE INTERIM, WHEN THE FIRST RESOURCE DISPATCHED IS A BLS RESCUE AND THE CALL IS UPGRADED TO AN ALS RESPONSE REQUIRING A FIRE SUPPRESSION RESOURCE AND PARAMEDIC RESCUE, THE ENGINE/LIGHT FORCE OFFICER MAY CANCEL THE BLS RESCUE IF NOT ALREADY EN ROUTE, IF RESPONDING FROM THE SAME LOCATION. IF THE COMPANY OFFICER DOES NOT HAVE THE BLS RESCUE IN SIGHT, THEN ALL UNITS MUST CONTINUE UNTIL THE FIRST ARRIVING RESOURCE IS ABLE TO DETERMINE WHO WILL BE ABLE TO HANDLE THE INCIDENT. FOR EXAMPLE:

   RA 898   14:34:22 HOURS - RECEIVES AN "M" DISPATCH IN QUARTERS
   E/RA 98 14:34:50 HOURS – RECEIVES ALS UPGRADE IN QUARTERS

ENGINE 98 CAPTAIN CANCELS RA898 AND PROCEEDS TO INCIDENT WITH RESCUE 98. RA 898 UPDATES TO AVAILABLE IN QUARTERS.

WHEN A BLS RESCUE IS DISPATCHED TO A TRAFFIC ACCIDENT AND THE CALL IS UPGRADED TO AN ALS LEVEL RESPONSE, ALL RESOURCES SHALL CONTINUE UNTIL IT IS DETERMINED THAT THERE IS NO NEED FOR EITHER BLS OR ALS SERVICE. STATISTICS SHOW THAT A HIGHER PERCENTAGE OF TRAFFIC ACCIDENTS ONLY REQUIRE BLS SERVICE.

THE DEPARTMENT RECOGNIZES THE ADDITIONAL WORKLOAD CREATED BY THE QUICK LAUNCH PHASES AND ACKNOWLEDGES THE EXTRA EFFORT OUR MEMBERS HAVE PUT FORTH.

A MORE IN DEPTH QUICK LAUNCH UPDATE IS FORTHCOMING.

ADMINISTRATION

QUICK LAUNCH OVERVIEW

PURPOSE: The main objective of the Quick Launch program is to reduce Fire Department intervention time to medical emergency incidents by sending resources earlier in the emergency caller interrogation process. By reducing Fire Department patient intervention time, the opportunity for a positive patient outcome is increased, thus providing the citizens of Los Angeles with an improved level of service.

PROGRAM DEVELOPMENT: The Quick Launch program was developed through a Workgroup, consisting of members from the Dispatch Section, Management Information Systems, Quality Improvement Section, Bureau of Emergency Services, and the Planning Section. Members of the Bureau of Emergency Services were introduced to the Quick Launch program through training provided by their Battalion Chiefs and EMS Supervisors.

TEST PROGRAM: On May 16, 2006, a three-week Quick Launch test program began. The test period initially started processing calls from two call-taking consoles and migrated to all consoles. This three-week "break in period" allowed members to become familiar with the program and provided Management Information Systems (MIS) and Information Technology Agency (ITA) an opportunity to correct system bugs.

TRIAL PROGRAM: On June 6, 2006, the Quick Launch trial program began. The trial program took place over a four-week period and was divided into two, two-week periods. The first two-weeks (6/6/06 through 6/29/06) evaluated Algorithm 16. The second two–weeks (6/30/06 through 7/13/06) evaluated Algorithm 17.

ALGORITHMS: Algorithms are formulas used to determine the order in which resources are selected for specific incident types. The Dispatch Computer recognizes five different algorithms for medical emergences (see Administrative Bulletin 02-15). Two additional algorithms, Algorithms 16 and 17 were developed specifically for the Quick Launch trial program.

Algorithm 16 was the first Quick Launch algorithm evaluated. Algorithm 16 searched for a transport resource as the first priority (Closest EMT RA / PA / PE / AE / E / T respectively). Algorithm 16 was developed under the philosophy that 70% of our medical incidents result in patient transport. If a transport resource is sent on the initial dispatch, this will be the appropriate resource the majority of the time.

Algorithm 17 was the second algorithm evaluated. Algorithm 17 searched for a BLS resource first (Closest EMT RA / E / AE / PE / PA / T, in that order). Algorithm 17 was developed under the philosophy that an effective EMS system starts with a solid

BLS foundation. A BLS resource can stabilize the patient until the arrival of the ALS resource when required. With our heavy medical emergency workload, this reserves ALS resources for incidents with a higher probability of requiring ALS intervention.

At the completion of the Quick Launch trial program, the effectiveness of both algorithms 16 and 17 were evaluated. It became apparent from the data analysis, that in order to provide a more appropriate initial resource response while still meeting the intent of the program, that a blend of algorithms was necessary. To provide a system that more accurately sends the appropriate resource upon the initial Quick Launch dispatch, the Quick Launch Workgroup took the following approach. There are 33 cards (general medical emergency types) used in the Medical Priority Dispatch protocols. These 33 medical incident types were divided into three categories BLS, ALS, and "High Risk" ALS.

Those incidents that most probably would require a BLS response (i.e. SICK PERSON, BACK PAIN, etc.) are assigned to Algorithm 17. Algorithm 17 searches for a BLS resource as the first priority (Algorithm 17 = closest EMT RA / E / AE / PE / PA / T, in that order).

Those incidents that most probably would require an ALS response (i.e. CHEST PAIN, CHOCKING, etc.) are assigned to Algorithm 16. Algorithm 16 searches for an ALS resource as the first priority (Algorithm 16 was modified to = closest PA / PE / AE / E / T/ EMT RA in that order).

Those incidents that most probably would require a High Risk ALS response (i.e. DROWNING, GUNSHOT, etc.) are assigned to Algorithm 11. Algorithm 11 searches for a PA and Engine Company as the first priority. Algorithm 11 is as follows:
Any unit within .3 miles, then: (unit here satisfies corresponding unit below)
closest PA / AE / PE (no limit)
If PA, add closest E/ T/ AE / PE / EMT RA
   If EMT RA, add closest E/ T /AE / PE
If AE, add PA and closer EMT RA / E / T
If PE, add EMT RA / PA and closer E / T.

PROGRAM IMPROVEMENTS: In addition to the use of multiple algorithms to more accurately determine the appropriate response on the initial Quick Launch Dispatch, the information provided to the initial responders has also been expanded. Prior to the most recent program improvements, resources responding as the Quick Launch resource would receive a dispatch teletype that would state "(M) UNKNOWN MEDICAL EMERGENCY". Under the most recent program enhancement, the Quick Launch dispatch teletype will now include the most probable medical emergency type (example; (23M1) OVERDOSE). This enhancement will allow emergency responders to better prepare for the specific emergency type prior to leaving quarters.

PRELIMINARY DATA: One segment of the preliminary data compiled during the Quick Launch trial program looked at the time it took from when an emergency

medical telephone call was received at OCD to the time the incident dispatch information was provided to the initially dispatched resource. This time showed that under the Quick Launch protocol, an average of 50 seconds was saved over pre-Quick Launch procedures.

The chart below dramatically illustrates the time saved in processing emergency medical telephone calls under the Quick Launch protocol. The baseline data used in this comparison was compiled from 2005 using the same dates as the Quick Launch trial program. The numbers on the left side of the chart indicate the time in seconds.
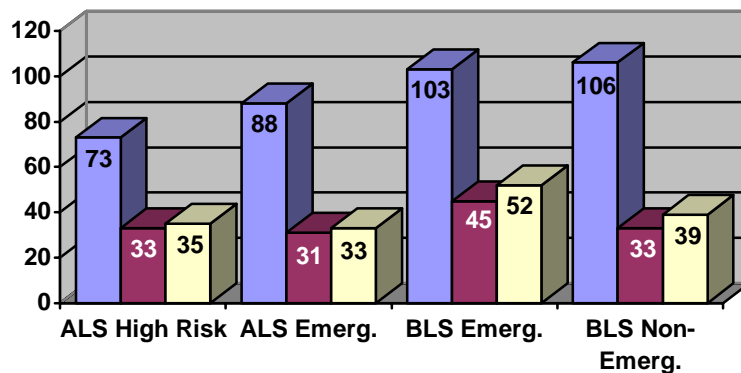
Chart indicates time from 911 call received to Quick Launch dispatch

ALS High Risk: Pre-Quick Launch 73, Algorithm 16 33, Algorithm 17 35
ALS Emerg.: Pre-Quick Launch 88, Algorithm 16 31, Algorithm 17 33
BLS Emerg.: Pre-Quick Launch 103, Algorithm 16 45, Algorithm 17 52
BLS Non-Emerg.: Pre-Quick Launch 106, Algorithm 16 33, Algorithm 17 39

The Chart below compares resource allocation by algorithm for the four-week period of the Quick Launch trial program. The numbers in the 2nd and 3rd columns indicate the number of incidents that the specific resource type was sent as the initial Quick Launch resource.

RESOURCE TYPE	ALGORITHM 16 Number of Incidents	ALGORITHM 17 Number of Incidents
Assessment Engine	559	980
Assessment Light Force	213	95
ALS Rescue Ambulance	5,811	721
BLS Rescue Ambulance	3,689	2,322
Truck Company	493	330
Engine Company	1,819	3,668

From the chart above it is obvious that Algorithm 16 had a significant impact on ALS RA availability. However, regardless of which Algorithm is selected, the closest available resource will always be dispatched as the initial resource.

RECOMMENDATIONS FROM THE FIELD: As a result of input from the field, several modifications to the Quick Launch protocol have been implemented. Examples of these changes are as follows:

- Responding resources are permitted to cancel resources as appropriate.

- To ensure continued first responder safety, OCD is providing incident specific information to responding resources prior to the initial Quick Launch dispatch.

  For example, Call Takers have been directed to add an incident comment prior to the initial dispatch reminding emergency responders of firefighter safety concerns for those incidents that to some may not be so obvious (i.e. attempted suicide, psychiatric patients, etc.). This has been further expanded by providing the general incident type as part of the initial dispatch teletype.

- Incidents with delayed patient availability (i.e. patient on an aircraft with 20 min, ETA into LAX) will not be Quick Launched.

- Fourth party calls (calls from Agencies [CHP, security companies, etc.] that can provide only limited patient information) will not be Quick Launched.

- Use of common radio terminology, the phrases "respond to an unknown medical" or "respond to a Quick Launch" will no longer be used.

A FINAL NOTE: The Quick Launch program will continue to evolve as additional data is evaluated and input is received from the field. It is especially encouraging that the most recent data demonstrates that the program goal of getting dispatch information to responding resources quicker has exceeded the Workgroup's expectations.

The Dispatch Section will keep members apprised of the progress of the Quick Launch program through future Newsletters.

nlqlver9

APRIL 10, 2007

SPECIAL NOTICE

SUBJECT: CONCLUSION OF THE QUICK LAUNCH TRIAL PROGRAM

EFFECTIVE APRIL 10, 2007, AT 1700 HOURS, THE QUICK LAUNCH DISPATCH TRIAL PROGRAM WILL BE CONCLUDED.

THE QUICK LAUNCH PROGRAM WAS DEVELOPED TO REDUCE RESPONSE TIMES TO MEDICAL (EMS) INCIDENTS BY SENDING THE CLOSEST, APPROPRIATE, SINGLE RESOURCE TO EMS INCIDENTS PRIOR TO COMPLETING THE CALLER INTERROGATION PROCESS.

AT THE DIRECTION OF INTERIM FIRE CHIEF DOUGLAS BARRY, THE QUICK LAUNCH PROGRAM WAS STOPPED SO THAT THE DEPARTMENT COULD ANALYZE ALL OF THE DATA COMPILED OVER THE LAST 10 MONTHS.   THE DEPARTMENT WILL REVIEW ALL OF THE CONCERNS IDENTIFIED BY OCD CALL-TAKERS, DISPATCHERS, AND FIELD PERSONNEL, AND WILL CONTINUE TO EVALUATE WAYS TO REDUCE DISPATCH AND RESPONSE TIMES.

OCD WILL RESUME DISPATCHING RESOURCES TO EMS INCIDENTS USING THE EMS ALGORITHMS THAT WERE IN PLACE PRIOR TO THE QUICK LAUNCH PROGRAM.

ADMINISTRATION